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## Utilisation of Interview Rooms Procedure

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Effective: 20 April 2017

### 1. Guiding Principles

- 1.1 Safety awareness, risk assessment and confidentiality must be considered when choosing a suitable location for patient interview.
- 1.2 It is recommended that all patient assessments and interviews take place in the interview room. Where the interview room is not available, it is recommended staff utilise other dual egress rooms that are located in the Broome Mental Health Unit (BMHU).
- 1.3 Risk is dynamic and must be monitored throughout any interview. Should early warning signs of elevated arousal such as shouting, rocking, repetition of phrases, fixed stare, and / or pacing manifest, clinicians should employ de-escalation techniques and/ or consider temporarily terminating the interview. At this time, clinicians are required to consult with the Shift Coordinator and medical team regarding implementing strategies to ensure safety, and manage the escalated risk. Prior to interview, consideration must be given to the patients risk and determine if alternate arrangements are needed.
- 1.4 The interview/assessment is an important time for the patient to learn about their diagnosis and discuss treatment options; to talk about how they are feeling and to ask questions. It may be helpful if staff can:
  - 1.4.1 Help the patient make the most of this time.
  - 1.4.2 Not leave the patient alone in the interview room for long, it's a small room and can feel uncomfortable e.g. cage like
  - 1.4.3 Use interpreters when necessary
  - 1.4.4 Offer to write things down when a patient's memory may be an issue.
  - 1.4.5 'To the extent that it is practicable and appropriate to do so, the assessment of a person who is of Aboriginal or Torres Strait Islander descent must be conducted in collaboration with ATSI mental health workers'. [WA Mental Health Act 2014 S50](#)
- 1.5 For all patients and /or carers including those who are of Aboriginal<sup>1</sup> origin or Culturally and Linguistically Diverse backgrounds, understanding is to be facilitated where appropriate by:
  - utilising leaflets/signs
  - using approved interpreter service
  - involvement of an Aboriginal MH Liaison Officer
  - involvement of carer, close family member or other personal support person (PSP).

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## 2. Procedure

- 2.1 Interview room furniture must be arranged to allow for both staff and the patient to have unobstructed access and easy egress from the room.
- 2.2 When interviewing patients, participating staff members are to ensure that other staff are aware of their location and that there is sufficient appropriate staff available should assistance be required.
- 2.3 If the risk assessment of the patient indicates a potential risk, appropriate measures are to be taken to monitor staff and patient safety.
- 2.4 The Shift Coordinator in conjunction with the Consultant Psychiatrist or delegate is to determine the risk associated with the interview of the patient and develop strategies to mitigate the risk. This may include:
  - 2.4.1 The Shift Coordinator in conjunction with the Consultant Psychiatrist or delegate determining if the door to the interview room will remain open or closed during the interview. An explanation is to be provided to the patient if the door remains open during interview, and this is to be documented in the patient health record
  - 2.4.2 Where there is concern that the patient may be at risk to others, increased staffing levels are to be considered
- 2.5 Staff must wear a duress pendant at all times, including when interviewing a patient in the interview room. Each individual staff member is to ensure knowledge of function and access to duress pendant or fixed duress when interviewing. If an actual / threatened safety incident occurs during an interview. The duress system is to be activated. [KMHDS Duress Procedure](#)
- 2.6 Verbal or physical incidents of aggression or violence are Notifiable events that must be reported to the Chief Psychiatrist via the DATIX CIMS data base. WA Health [Operational Directive OD0635/15: Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#).

## 3. Definitions

<b>Dual Egress</b>	Room with two doors
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## 4. Roles and Responsibilities

- 4.1 **Clinical Director**  
Has overall responsibility for ensuring that services are delivered in accordance with this procedure
- 4.2 **Consultant Psychiatrist**  
Is responsible for the medical management of patients in accordance with this procedure
- 4.3 **Clinical Nurse Manager**  
Is responsible for the implementation of this procedure
- 4.4 **All Staff**  
All staff are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

## 5. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

## 6. Evaluation

- This procedure is to be reviewed every five years

## 7. Standards

- [National Safety and Quality Health Care Standards](#): 1.2.1; 1.2.2; 1.5.2; 1.14.1; 9.4.1
- [EQULPNational Standards](#): 15.12.1; 15.13.1; 15.23.1
- [National Standards for Mental Health Services](#): 8.10; 2.13; 8.7; 1.14.2;
- [National Standards for Disability Services](#): 1.1; 6.3

## 8. Legislation

- [WA Mental Health Act 2014](#)
- [Clinicians Practice Guide to Mental Health Act 2014](#)
- [Occupational Safety and Health Act 1984](#)

## 9. References

- [Clinical Incidents – WACHS Intranet page](#)

## 10. Related Forms

- WACHS [Safety Risk Report Form](#)

## 11. Related Policy Documents

- [Mental Health Division \(2008\). Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services: Policy and Standards. Department of Health, Western Australia](#)
- WACHS [Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care and Treatment Policy](#)
- WACHS [Emergency \(Disaster\) Management Arrangements Policy](#)
- Mental Health Division, WA Department Of Health (2006). Guidelines: [The Management Of Disturbed/Violent Behaviour In Inpatient Psychiatric Settings](#). Perth, Western Australia: Department of Health.
- [BMHU Police Attendance Procedure](#)
- [KMHDS Duress Procedure](#)

## 12. Related WA Health Policies

- WA Health [Operational Directive OD0635/15: Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#)

## 13. WA Health Policy Framework

- [Clinical Governance, Safety and Quality Policy Framework.](#)
- [Mental Health Policy Framework.](#)

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on request for a person with a disability**

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<b>Version:</b>	2.00	<b>Date Published:</b>	20 April 2017

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